SOUTHEASTERN COMMUNITY COLLEGE

Explore…Discover…Learn…Grow…

ADMISSIONS APPLICATION

P.O. Box 151 ◆ 4564 Chadbourn Highway ◆ Whiteville, NC 28472 Phone: (910) 642-7141 ◆ Fax: (910) 642-1267

Social Security Number: _____/_____/_____ (Your social security number is requested to identify your student records in our student record database.)

Name: _____
          Last Name   First Name   Middle or Maiden Name

Mailing Address: (SCC will send all of your letters, grades, etc. to this address.)

_____
          Address

_____   _____   _____
          City   State   Zip

Telephone Number: (_____) _____   **Cell Number** (if applicable) (_____) _____

Gender: _____ Male _____ Female   **Date of Birth:** _____/_____/_____
                                                                                    (Month)   (Date)   (Year)

What is your ethnicity? (Voluntary and will not be used in a discriminatory manner.)
                    ___Hispanic   _____ Not Hispanic or Latino

What is your race? (Mark one or more races to indicate what you consider yourself to be.)
          _____African American (2)   _____American Indian (3)   _____Caucasian (1)
          _____Hispanic/Latino (4)   _____Asian (5)

High School Graduation Status: _____ High School <u>Graduate</u> (Y)   _____ Current High School Student (C)
                                                      _____ Did Not Graduate (N)   _____ Received Adult High School Diploma (A)
                                                      _____ Received GED Certificate (G)   (From <u>another</u> institution other than high school.)

Employment Status: _____ Retired (1)   _____ Unemployed – not seeking (2)   _____ Unemployed – seeking (3)
                                    _____ 1–10 hours (4)   _____ 11-20 hours (5)   _____ 21-39 hours (6)   _____ 40 + hours (7)

County of Residence: _____

E-mail Address: *(Please print legibly.)* _____

Tuition Code: _____ Senior Citizen – 65 Years old or older (5)   _____ In-State (1)
                            _____ Currently Enrolled in High School (6)   _____ Out-of-State (2)

Entry Status: ____ Freshman *(I never attended SCC or any other college/university.)*
                        ____ I attended curriculum classes previously at SCC. Last term and year attended: _____
                        ____ Transfer Student *(I attended another college or university – not SCC.)*

Entering Term: _____ Fall   _____ Spring   _____ Summer   **Entering Year: 20_____**

Educational Goal: *(Check one)*

____	Transfer to College	____	Degree, Diploma, or Certificate
____	Enhance New Employment Skills	____	Goal Unknown
____	Enhance Present Job Skills	____	Personal Enrichment

Do you plan to attend (*Check one on each line*) **:** ____ Day (D) or ____ Evening (E)
____ Part-time (P) or ____ Full-time (F)

I plan to complete a certificate or diploma and/or degree (*Check one*) **:** ____ Yes ____ No

The major I am planning to complete is *(Check one)* **:**

____ Agricultural Biotechnology (A20110)
____ Air Conditioning, Heating and Refrigeration Tech. (A35100)
____ Associate Degree Nursing (A45110)

____ **Associate in Arts** (A10100)
    ____ Art Education (A1010A)
    ____ Business Administration, Accounting, Economics, Finance & Marketing (A1010B)
    ____ Business Education & Marketing Education (A1010C)
    ____ Communication & Communication Studies (A1010O)
    ____ Criminal Justice (A1010D)
    ____ Elementary Education (A1010R)
    ____ English (A1010E)
    ____ English Education (A1010F)
    ____ History (A1010H)
    ____ Information Systems (A1010V)
    ____ Liberal Studies (A1010U)
    ____ Nursing (A1010I)
    ____ Physical Education (A1010J)
    ____ Psychology (A1010L)
    ____ Social Science Secondary Education (A1010M)
    ____ Special Education (A1010Z)

Associate in Fine Arts (A10200)
    ____ Art (A1020A)
    ____ Music and Music Education (A1020D)

____ Associate in General Education (A10300)
____ Associate in Science (A10400)
    ____ Biology and Biology Education (A1040A)
    ____ Chemistry and Chemistry Education (A1040B)
    ____ Mathematics (A1040F)
    ____ Mathematics Education (A1040B)
____ N. C. Community College Transfer (A10300W)

____ Bachelor of Science in Criminal Justice (FSU)
____ Bachelor of Science in Elementary Education (FSU)
____ Bachelor of Science in Nursing (FSU)
____ Banking and Finance (A2512A)
____ Basic Law Enforcement Training (C55120)
____ Broadcast and Production Technology (A30120)
____ Business Administration (A25120)
____ Computer Information Technology (A25260)
____ Cosmetology (A55140)
____ Criminal Justice Technology (A55180)

____ Early Childhood Education (A55220)
____ Early Childhood Administration (C55220A)
____ Infants and Toddlers (C55220I)
____ Electrical/Electronics Technology (D35220)
____ Electrical Engineering Technology (A40180)
____ Environmental Science Technology (A20140)
____ Invasive Species (A2014E)
____ Esthetics Technology (C55230)
____ Facility Maintenance Technology (A50190
____ Forest Management Technology (A15200)
____ GIS/GPS Technology (C15200G)
____ Interpreter Education (Signed Language) (A55300)
____ Invasive Species Management (A2014C)
____ Lateral Entry (Teacher Certification) (C55430)
____ Manicuring/Nail Technology (C55400)
____ Medical Laboratory Technology (A45420)
____ Networking Technology (A25340)
____ Nursing (Associate Degree (A45110(20)
____ Office Administration (A25370(60))
____ Parks and Natural Resource Management (A15360)
____ Pharmacy Technology (D45580)
____ Phlebotomy (C45600)
____ Practical Nursing (D45660)
____ Therapeutic Massage (A45750)
____ Web Technologies (A25290)
____ Welding Technology (A50420)

High School Majors

____ Learn and Earn Online (T90920)
____ Early College High School (T90930)
    Huskins
____ East Columbus High School (T90970EC)
____ South Columbus High School (T90970SC)
____ West Columbus High School (T90970(WC)
____ Whiteville High School (T90970WH)
____ Dual Enrollment (T90980)

____ Personal Interest/Transient (T90990)
List the course(s) you plan to take for personal interest:
_____
_____
_____
_____

Fill in the High School information below <u>even if you did not graduate</u>:

    Name of High School: _____

    City/State: _____ County: _____

    Date of Graduation: _____ or Last Year Attended: _____

    Anticipated Graduation Date *(for current High School Students)*: _____

Fill in the Name of the Institution where you completed your Adult High School program or GED program:

    Name of Institution: _____

    City/State: _____ County: _____

    Date of GED or Adult High School program completion: _____

Check the highest grade completed:

    __ 1 __ 2 __ 3 __ 4 __ 5 __ 6 __ 7 __ 8 __ 9 __ 10 __ 11 __ 12

    ___ Passed GED *(- -)* or ___ Completed the Adult High School Diploma Program *(13)* or ___ Received secondary/Vocational Diploma *(14)*

      or ___ Associate Degree *(15)* or ___ Bachelor's Degree *(16)* or ___ Master's Degree/Higher *(17)*

Other Colleges/Universities Attended:

    Name of College: _____ **City/State:** _____

    Name of College: _____ **City/State:** _____

    Name of College: _____ **City/State:** _____

Check the highest grade completed by Father:

    __ 1 __ 2 __ 3 __ 4 __ 5 __ 6 __ 7 __ 8 __ 9 ____ 10 __ 11 __ 12

    ___ Passed GED *(- -)* or ___ Completed the Adult High School Diploma Program *(13)* or ___ Received secondary/Vocational Diploma *(14)*

      or ___ Associate Degree *(15)* or ___ Bachelor's Degree *(16)* or ___ Master's Degree/Higher *(17)*

Check the highest grade completed by Mother:

    __ 1 __ 2 __ 3 __ 4 __ 5 __ 6 __ 7 __ 8 __ 9 ____ 10 __ 11 __ 12

    ___ Passed GED *(- -)* or ___ Completed the Adult High School Diploma Program *(13)* or ___ Received secondary/Vocational Diploma *(14)*

      or ___ Associate Degree *(15)* or ___ Bachelor's Degree *(16)* or ___ Master's Degree/Higher *(17)*

Acknowledgment of Risk and Responsibility, and Assumption of Personal Responsibility

I understand that during my participation in college courses I may be exposed to risk of injury. I also understand that although Southeastern Community College has taken precautions to provide proper equipment and qualified instructors for courses, it is impossible for Southeastern Community College to guarantee my absolute safety. Also I understand that I share the responsibility for safety in college courses and I assume that responsibility. I agree to release Southeastern Community College from any liability for accident or injury I may incur as a participant in college courses and activities.

Photography Waiver

I hereby authorize Southeastern Community College to photograph me and acknowledge that all photographs become the property of Southeastern Community College and will be used exclusively for promotion of the college and its programs.

Emergency Contact Information

Name of person to contact in case of an emergency: _____

Home Telephone #: (_____)_____   Work Telephone #: (_____)_____

Statement of Non-Discrimination

GRADUATION RATE: The Federal Student Right-To-Know Act requires post secondary institutions to disclose graduation rates for all first-time diploma or degree seeking students. The Southeastern Community College graduation rate for the 2007-2008 academic year was 11%, the fall-to-fall retention rate was 52%, and the transfer rate was 6%. The college's composite graduation, retention, or transfer rate was 69%, exceeding the state's standard of 65%. Specific information is available in the Office of the Director of Research and Assessment.

Southeastern Community College is an equal opportunity, affirmative action institution and does not discriminate on the basis of race, color, national origin, sex, disability, or age in its admission, educational, financial aid or employment activities. The following person has been designated to handle inquiries regarding the non-discrimination policies:

Vice President of Student Development and
*   Technology Services*
Building A, Room 132
910-642-7141, ext. 206

Director of *Human Resources*
Building A, Room 107
910-642-7141, ext. 310

CERTIFICATION OF ACCURACY

All information on this application is required and must be completed. Unsigned and incomplete applications cannot be processed.

I certify to the best of my knowledge that the information given is true and complete. I understand that if found to be otherwise, it may be cause for delay or denial of admission, loss of credit, or dismissal.

_____   _____
               Applicant's Signature   Date

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